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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1:	Identity Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	your pictu exar licer Bring iden	e the name that is on a government-issued ure identification (for mple, your driver's use or passport). g your picture tification to your ting with the trustee.	Quin First name J. Middle name Hermann Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)
2.	use Inclu	other names you have d in the last 8 years ude your married or den names.		
3.	you num Indi	y the last 4 digits of r Social Security aber or federal vidual Taxpayer utification number	xxx-xx-0740	

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Debtor 1 Quin J. Hermann

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names		■ I have not used any business name or EINs. Business name(s) EINs	☐ I have not used any business name or EINs. Business name(s) EINs
5.	Where you live	221 N. West Ave	If Debtor 2 lives at a different address:
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Stephenson	
		County	County
al		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Case number (if known) Debtor 1 Quin J. Hermann

7.								
	The chapter of the Bankruptcy Code you are			rief description of each, see <i>Notic</i> go to the top of page 1 and check		342(b) for Individuals Filing for Bankruptcy		
	choosing to file under	■ Cha	pter 7					
		☐ Cha	pter 11					
		☐ Cha	pter 12					
		☐ Cha	pter 13					
3.	How you will pay the fee	a o	bout how yo	u may pay. Typically, if you are pa attorney is submitting your payme	ying the fee yourself, you	elerk's office in your local court for more details may pay with cash, cashier's check, or money orney may pay with a credit card or check with		
				by the fee in installments. If you choose this option, sign and attach the Application for Individuals to Paragraphy (Official France (Officia				
			request tha		uest this option only if you	are filing for Chapter 7. By law, a judge may, s less than 150% of the official poverty line that		
		а	pplies to yo		pay the fee in installmen	its). If you choose this option, you must fill out		
) .	Have you filed for	■ No.						
	bankruptcy within the	■ No.						
	last 8 years?	⊔ Yes.	District	\ \ \	nen	Case number		
			District		nen nen	Case number Case number		
			District		nen	Case number		
			Diotriot	·				
10.	Are any bankruptcy cases pending or being	■ No						
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.						
			Debtor			Relationship to you		
			District	W	nen	Case number, if known		
			Debtor			Relationship to you		
			District	WI	nen	Case number, if known		
 I1.	Do you rent your residence?	■ No.	Go to I	ne 12.				
	residerice:	☐ Yes.	Has yo	ur landlord obtained an eviction ju	dgment against you and d	o you want to stay in your residence?		
				No. Go to line 12.				
				Yes. Fill out <i>Initial Statement Abo</i> bankruptcy petition.	ut an Eviction Judgment A	Against You (Form 101A) and file it with this		

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ebtor 1	Quin J. Hermann		Case number (if known)	

Part	Report About Any Bu	sinesses	You Own	as a Sole Proprietor	r		
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.			
		☐ Yes.	Name and location of business				
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	Name of business, if any			
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, State	& ZIP Code		
	it to this petition.		Check	the appropriate box	to describe your business:		
				Health Care Busines	ss (as defined in 11 U.S.C. § 101(27A))		
				Single Asset Real E	state (as defined in 11 U.S.C. § 101(51B))		
				Stockbroker (as defi	ned in 11 U.S.C. § 101(53A))		
				Commodity Broker (as defined in 11 U.S.C. § 101(6))		
				None of the above			
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).					
	For a definition of small	■ No.	I am n	ot filing under Chapte	r 11.		
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.				
		☐ Yes.	I am fi	ling under Chapter 11	and I am a small business debtor according to the definition in the Bankruptcy Code.		
Pari	4: Report if You Own or	Have Anv	, Hazardo	us Property or Any I	Property That Needs Immediate Attention		
	Do you own or have any			. , ,	. ,		
17.	property that poses or is alleged to pose a threat of imminent and	■ No. □ Yes.	What is t	he hazard?			
	identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?			iate attention is why is it needed?			
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	the property?	Jumber, Street, City, State & Zip Code		
				,,	initial, substituting and a substituting a substituting and a substituting a substituting and a substituting a substituting a substituting and a substituting and a substituting a substituting a substituting a substituting and a substituting and a substituting a substitution a substituting a sub		

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Debtor 1 Quin J. Hermann Page 5 of 58 Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known) Debtor 1 Quin J. Hermann Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ■ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 50-99 owe? **1**0,001-25,000 ☐ More than 100,000 □ 100-199 **200-999** How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **\$50,001 - \$100,000** be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million **\$0 - \$50,000** □ \$500,000,001 - \$1 billion estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **\$50,001 - \$100,000** to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Quin J. Hermann Signature of Debtor 2 Quin J. Hermann Signature of Debtor 1 Executed on Executed on March 31, 2016 MM / DD / YYYY MM / DD / YYYY

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Debtor 1 Quin J. Hermann Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Mark E. Zaleski	Date	March 31, 2016
Signature of Attorney for Debtor		MM / DD / YYYY
Mark E. Zaleski		
Printed name		
Attorney Mark E. Zaleski		
Firm name		
10 N. Galena Ave., #220		
Freeport, IL 61032		
Number, Street, City, State & ZIP Code		
Contact phone 815-233-0995	Email address	attyzaleski@comcast.net
·		
Bar number & State		

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	ebtor 1 Quin J. Herman			Case num	nber (if known)
-		stions for	Reporting Purposes		
16	. What kind of debts do you have?	16a.	•	ily consumer debts? Consumer debts are di personal, family, or household purpose."	efined in 11 U.S.C. § 101(8) as "incurred by a
			☐ No. Go to line 16b.	·	
			Yes. Go to line 17.		
		16b.	Are your debts primari money for a business or	ly business debts? Business debts are debt investment or through the operation of the bu	ts that you incurred to obtain
			No. Go to line 16c.	,	25
			☐ Yes. Go to line 17.		
		16c.	State the type of debts y	ou owe that are not consumer debts or busine	ess debts
17.	Are you filing under Chapter 7?	□ No.	l am not filing under Cha	pter 7. Go to line 18.	
	Do you estimate that after any exempt property is excluded and	Yes.	l am filing under Chapter are paid that funds will be	7. Do you estimate that after any exempt pro-	perty is excluded and administrative expenses?
	administrative expenses are paid that funds will		■ No		
	be available for distribution to unsecured creditors?	l	☐ Yes		
8.	How many Creditors do you estimate that you owe?	1 -49		☐ 1,000-5,000	☐ 25,001-50,000
		50-99		5 001-10,000	☐ 50,001-100,000
		☐ 100-19 ☐ 200-99	•	□ 10,001-25,000	☐ More than100,000
9.	How much do you estimate your assets to	□ \$0 - \$5		□ \$1,000,001 - \$10 million	Д #500 000 004
	be worth?		1 - \$100,000	☐ \$10,000,001 - \$50 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion
	□ \$100 □ \$500		01 - \$500,000 01 - \$1 million	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion
).	How much do you estimate your liabilities	\$0 - \$5	-,	□ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion
•	to be?	■ \$50,00	11 - \$100,000 01 - \$500,000	\$10,000,001 - \$50 million	☐ \$1,000,000,001 - \$10 billion
		\$500,00	01 - \$1 million	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
rt 7					
ır y	ou	I have exa	mined this petition, and I de	eclare under penalty of perjury that the inform	nation provided is true and correct
		If I have ch	osen to file under Chanter	7, I am aware that I may proceed, if eligible, relief available under each chapter, and I cho	
		If no attorned document,	ey represents me and I did I have obtained and read t	not pay or agree to pay someone who is not he notice required by 11 U.S.C. § 342(b).	an attorney to help me fill out this
		I request re	lief in accordance with the	chapter of title 11, United States Code, speci	ified in this petition.
		and 3571.	Ø T	t, concealing property, or obtaining money or to \$250,000, or imprisonment for up to 20 ye	property by fraud in connection with a ars, or both. 18 U.S.C. §§ 152, 1341, 1519,
	,	Quin J. He Signature o		Signature of Debtor 2	2
	I	Executed or	March 31, 2016 MM / DD / YYYY	Executed on	
			ווטט וויייי	MM /	DD / YYYY

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Debtor 1 Quin J. Hermann		Cas	se number (if known)
For your attorney, if you are represented by one	I, the attorney for the debtor(s) named in this petition under Chapter 7, 11, 12, or 13 of title 11, United Stat for which the person is eligible. I also certify that I h	es Code, and have on the expension of th	explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) applies, certification is incorrect. Is/ Mark E. Zaleski Signature of Attorney for Debtor Mark E. Zaleski Printed name Attorney Mark E. Zaleski	y that I have no know	Medge after an inquiry that the information in the March 31, 2016 MM / DD / YYYY
	Firm name 10 N. Galena Ave., #220 Freeport, IL 61032 Number, Street, City, State & ZIP Code Contact phone 815-233-0995	Email address	attyzaleski@comcast.net

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Page 10 of 58 Document Fill in this information to identify your case: Debtor 1 Quin J. Hermann Middle Name First Name Last Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Pai	t 1: Summarize Your Assets		
		Your as	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	60,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	13,400.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	73,400.00
Pai	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	45,000.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	27,490.00
	Your total liabilities	\$	72,490.00
Pai	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,500.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,455.00
Pai	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sch	nedules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal,	family, or

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Debtor 1 Quin J. Hermann

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form
	122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.

2,320.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total clai	m
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

	Ca	se 16-8080	0 Doc 1		04/01/16 ument	Entered 04/01/ Page 12 of 58	16 14:27	:36 De	sc Ma	ain
Fill	in this inforn	nation to identify	y your case and			1 400 12 01 30				
Deb	otor 1	Quin J. Herr		Idle Name		Last Name				
	otor 2 use, if filing)	First Name	Mid	Idle Name		Last Name				
Unit	ted States Bar	nkruptcy Court for	r the: NORTHE	RN DIST	RICT OF ILLIN	IOIS				
Cas	se number _					-				heck if this is an mended filing
_		rm 106A/E e A/B: P i	_							40/45
				st an asset	only once. If a	n asset fits in more than or	ne category, lis	st the asset in	the cate	12/15 egory where you
hink nfori	it fits best. Be	as complete and space is needed,	accurate as possi	ible. If two	married people	e are filing together, both a e top of any additional page	e equally resp	onsible for su	ıpplying	correct
Part	1: Describe I	Each Residence, B	Building, Land, or (Other Real	Estate You Ow	n or Have an Interest In				
Do	o vou own or h	ave any legal or ed	guitable interest in	n anv resid	ence. buildina.	land, or similar property?				
_	No. Go to Part	, ,	•	. ,	, ,	,				
_	Yes. Where is									
1.1				What	is the property	? Check all that apply				
	221 North		a a sintia a	_ =	Single-family h	nome		leduct secured claims or exemptions. Put unt of any secured claims on Schedule D:		
	Street address, i	f available, or other des	scription		Duplex or mult	· ·				on Scriedule D: red by Property.
					Condominium	or cooperative				
					Manufactured	or mobile home			_	
	Freeport	IL	61032-0000		Land		Current va entire pro			nt value of the on you own?
	City	State	ZIP Code		Investment pro	pperty	\$	60,000.00		\$60,000.00
					Timeshare Other		(such as f	ee simple, ten		nership interest the entireties, or
				Who	has an interest Debtor 1 only	in the property? Check one	Fee sim	e), if known. ple		
	Stephenso	on		_	Debtor 2 only					
	County				•	Debtor 2 only				
						the debtors and another		k if this is con structions)	nmunity	property
				Othe		ou wish to add about this it	em, such as lo	cal		
				prop	erty identification	on number:				

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$60,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

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Case number (if known)

Debtor 1 Quin J. Hermann 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Yes Do not deduct secured claims or exemptions. Put Dodge Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Dakota Model: Debtor 1 only Creditors Who Have Claims Secured by Property. Year: 2005 Debtor 2 only Current value of the Current value of the 90000 Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another \$1,200.00 \$1,200.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put Chrysler Who has an interest in the property? Check one 3.2 Make: the amount of any secured claims on Schedule D: **Town and Country** Model: Creditors Who Have Claims Secured by Property. Debtor 1 only 2009 Year: Debtor 2 only Current value of the Current value of the 65000 Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another \$2,400.00 \$2,400.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put Kawasaki Who has an interest in the property? Check one 3.3 Make: the amount of any secured claims on Schedule D: Motorcycle Creditors Who Have Claims Secured by Property. Model: ■ Debtor 1 only 2004 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another \$2.000.00 \$2,000.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$5,600.00 pages you have attached for Part 2. Write that number here......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No ■ Yes. Describe..... Furniture, furnishings, appliances and misc. other items \$1,500.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

■ No

page 2

Debtor 1	Quin J. Hermann	Document	Page 14 of 58 Case number (if	
	s. Describe			
Exam	tibles of value oles: Antiques and figurines; pair other collections, memorab b. Describe		oks, pictures, or other art objects; stam	np, coin, or baseball card collections;
_ 10.				
	Books, pie	ctures, dvds, music cds and	I misc. other items	\$250.00
Exam	ment for sports and hobbies oles: Sports, photographic, exerc musical instruments s. Describe	sise, and other hobby equipment;	bicycles, pool tables, golf clubs, skis; o	canoes and kayaks; carpentry tools;
		rting goods and recreationa , amplifiers)	l items; musical equipment	\$3,000.00
■ No □ Yes 11. Cloth Exan □ No	nples: Pistols, rifles, shotguns, a s. Describe es	mmunition, and related equipmen		
	Dobtor's o	Nothing		\$500.00
	Debtor's o	nothing		
□ No		e jewelry, engagement rings, wed	ding rings, heirloom jewelry, watches,	
	watches	and misc. other items		\$50.00
Example No. 14. Any on No.	farm animals nples: Dogs, cats, birds, horses s. Describe other personal and household s. Give specific information	items you did not already list, i	ncluding any health aids you did no	t list
		entries from Part 3, including a	ny entries for pages you have attacl	\$5,300.00
Part 4:	Describe Your Financial Assets			
Do you	own or have any legal or equita	able interest in any of the follow	ring?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16. Cash <i>Exai</i> □ No		allet, in your home, in a safe depo	osit box, and on hand when you file yo	ur petition

Official Form 106A/B Schedule A/B: Property

	Case 16-80800	Doc 1	Filed 04/01/16 Document	Entered 04/01/16 14:27:36 Page 15 of 58	Desc Main
Debtor 1	Quin J. Hermann			Case number (if known)	
■ Yes	i				
				Cash from wages	\$100.00
			I accounts; certificates o ounts with the same inst	f deposit; shares in credit unions, brokerage hitution, list each.	nouses, and other similar
■ Yes			Institution n	ame:	
	17.1.		Checking IL	account at Midwest Bank, Freeport,	\$1,900.00
	17.2.		Savings a	ccount at Midwest Bank, Freeport,	\$150.00
Exan ■ No	s, mutual funds, or publicly nples: Bond funds, investmen		th brokerage firms, mon	ey market accounts	
19. Non- r joint ■ No	oublicly traded stock and in venture	terests in in	corporated and uninco	orporated businesses, including an interes	t in an LLC, partnership, and
☐ Yes	. Give specific information at Name	oout them of entity:		% of ownership:	
Nego Non- ■ No	negotiable instruments are the	rsonal check ose you canr	s, cashiers' checks, pror	egotiable instruments nissory notes, and money orders. by signing or delivering them.	
	ement or pension accounts apples: Interests in IRA, ERISA	, Keogh, 401	(k), 403(b), thrift savings	s accounts, or other pension or profit-sharing	plans
	List each account separately. Type of	y. account:	Institution n	ame:	
Your <i>Exan</i>		you have ma		inue service or use from a company stric, gas, water), telecommunications compar	nies, or others
■ No □ Yes	i		Institution n	ame or individual:	
		payment of	money to you, either for	life or for a number of years)	
■ No	Issuer name	and descripti	on		
24. Intere		an account i		gram, or under a qualified state tuition pro	gram.
■ No			ription. Separately file th	e records of any interests.11 U.S.C. § 521(c):	
25. Trust ■ No			rty (other than anythin	g listed in line 1), and rights or powers exe	rcisable for your benefit

Case 16-80800 Filed 04/01/16 Entered 04/01/16 14:27:36 Page 16 of 58 Document Case number (if known) Debtor 1 Quin J. Hermann 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Surrender or refund Company name: Beneficiary: value: \$0.00 Term life policy 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached

Doc 1

Official Form 106A/B Schedule A/B: Property page 5

for Part 4. Write that number here.....

\$2,150,00

Desc Main

Case 16-80800 Doc 1 Filed 04/01/16 Entered 04/01/16 14:27:36 Desc Main Document Page 17 of 58 Case number (if known) Debtor 1 Quin J. Hermann Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership □ No Yes. Give specific information....... Misc. household implements and tools \$150.00 lawn mower and misc. lawn equipment \$200.00 54. Add the dollar value of all of your entries from Part 7. Write that number here \$350.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$60,000.00 Part 2: Total vehicles, line 5 \$5,600.00 Part 3: Total personal and household items, line 15 \$5,300.00 Part 4: Total financial assets, line 36 \$2,150.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$350.00 Total personal property. Add lines 56 through 61... \$13,400.00 Copy personal property total \$13,400.00 63. Total of all property on Schedule A/B. Add line 55 + line 62

Official Form 106A/B Schedule A/B: Property page 6

\$73,400.00

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		Docume	T ddc ±0 01 30	
Fill in this infor	mation to identify your	case:		
Debtor 1	Quin J. Hermann			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify	the l	Property	You	Claim	as Exempt	í
---------	----------	-------	----------	-----	-------	-----------	---

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	e Amount of the exemption you claim		Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
221 North West Ave Freeport, IL 61032 Stephenson County	\$60,000.00		\$15,000.00	735 ILCS 5/12-901
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
Furniture, furnishings, appliances and misc. other items	\$1,500.00		\$1,500.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
Misc. sporting goods and recreational items; musical	\$3,000.00		\$1,000.00	735 ILCS 5/12-1001(b)
equipment (8 guitars, amplifiers) Line from <i>Schedule A/B</i> : 9.1			100% of fair market value, up to any applicable statutory limit	
Debtor's clothing Line from Schedule A/B: 11.1	\$500.00		\$500.00	735 ILCS 5/12-1001(a)
Zino nom conocida 772. TTT			100% of fair market value, up to any applicable statutory limit	
watches and misc. other items Line from Schedule A/B: 12.1	\$50.00		\$50.00	735 ILCS 5/12-1001(b)
LINE HOLL SCHEUUIE PAD. 12.1			100% of fair market value, up to any applicable statutory limit	

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Case number (if known)

De	Quili J. Hermann				
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own			Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
	Cash from wages Line from Schedule A/B: 16.1	\$100.00		\$100.00	735 ILCS 5/12-1001(b)
	Line nom Schedule AVD. 19.1			100% of fair market value, up to any applicable statutory limit	
	Checking account at Midwest Bank, Freeport, IL	\$1,900.00		\$1,000.00	735 ILCS 5/12-1001(b)
	Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	
	Misc. household implements and tools	\$150.00		\$150.00	735 ILCS 5/12-1001(b)
	Line from Schedule A/B: 53.1			100% of fair market value, up to any applicable statutory limit	
	lawn mower and misc. lawn equipment	\$200.00		\$200.00	735 ILCS 5/12-1001(b)
	Line from Schedule A/B: 53.2			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/16 and every			led on or after the date of adjustmer	nt.)
	Yes. Did you acquire the property covered No	ed by the exemption w	ithin 1	,215 days before you filed this case	?
	Π Ves				

	Case 16-80800	Doc 1 Filed 04/01/16 Document F	Entered	l 04/01/16 14:2 of 58	27:36 Desc I	√ain
Fill in this	information to identify you		auc 20	01 30		
Debtor 1	Quin J. Herman					
DODIOI 1	First Name		ast Name			
Debtor 2	g) First Name	Middle Name L	ast Name			
(Spouse if, filin	g) First Name	Middle Name L	ast name			
United Stat	es Bankruptcy Court for the	NORTHERN DISTRICT OF ILLING	OIS			
Case numb	per					
(if known)					_	k if this is an
					amen	ided filing
Official I	Form 106D					
Sched	ule D: Creditors	Who Have Claims Se	ecured	by Property	/	12/15
				<u> </u>	,	ation If more once
	opy the Additional Page, fill it	If two married people are filing together, out, number the entries, and attach it to t				
1. Do any cre	editors have claims secured by	y your property?				
☐ No.	Check this box and submit t	his form to the court with your other scl	hedules. You	u have nothing else to	report on this form.	
■ Yes	. Fill in all of the information	below.				
Part 1:	List All Secured Claims					
		more than one secured claim, list the credito	or separately	Column A	Column B	Column C
for each clair	 If more than one creditor has 	s a particular claim, list the other creditors in Part 2. A ical order according to the creditor's name.			Value of collateral that supports this claim	Unsecured portion If any
2.1 Bene	eficial Finance	Describe the property that secures the	claim:	\$45,000.00	\$60,000.00	\$0.00
Credito	r's Name	221 North West Ave Freeport, I 61032 Stephenson County	IL	· · · · · · · · · · · · · · · · · · ·		
DO 0	nov 4450	As of the date you file, the claim is: Che	eck all that			
_	Box 4153 Il Stream, IL 60197	apply. Contingent				
-	r, Street, City, State & Zip Code	Unliquidated				
	, , , ,	☐ Disputed				
Who owes	the debt? Check one.	Nature of lien. Check all that apply.				
Debtor 1	only	☐ An agreement you made (such as mor	rtgage or secu	red		
Debtor 2	Debtor 2 only car loan)					
Debtor 1	☐ Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien)					
☐ At least o	☐ At least one of the debtors and another ☐ Judgment lien from a lawsuit					
	this claim relates to a nity debt	☐ Other (including a right to offset)				
Date debt w	as incurred	Last 4 digits of account number				
				0.7.00	2.22	
	•	column A on this page. Write that number the dollar value totals from all pages.	here:	\$45,00		
11 61 61111 11	ie iasi paye vi your loilli, add	ine donar value ioiais moni an pages.		¢45.00	0.00	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

\$45,000.00

Write that number here:

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Fill in the		Document	Page 21 of 58	
FIII IN TN	s information to identify your	case:		
Debtor 1	Quin J. Hermann			
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, f	iling) First Name	Middle Name	Last Name	
United St	ates Bankruptcy Court for the:	NORTHERN DISTRICT OF IL	LINOIS	
Case nur	nber		_	Check if this is an amended filing
	Form 106E/F	/ho Have Unsecured	Claims	12/15
			TY claims and Part 2 for creditors with NONPRIORITY cla	
Schedule (Schedule I left. Attach name and	3: Executory Contracts and Unexport Creditors Who Have Claims Sectifies Continuation Page to this pages number (if known).	oired Leases (Official Form 106G). I cured by Property. If more space is ge. If you have no information to re	list executory contracts on Schedule A/B: Property (Offic Do not include any creditors with partially secured claims needed, copy the Part you need, fill it out, number the er eport in a Part, do not file that Part. On the top of any addi	s that are listed in ntries in the boxes on the
Part 1:	List All of Your PRIORITY U			
	y creditors have priority unsecure	ed claims against you?		
■ No	o. Go to Part 2.			
☐ Ye	s.			
Part 2:	List All of Your NONPRIORI	ΓY Unsecured Claims		
3. Do an	y creditors have nonpriority unse	cured claims against you?		
□ No	o. You have nothing to report in this p	part. Submit this form to the court with	your other schedules.	
■ Ye	es.			
unsec	ured claim, list the creditor separate one creditor holds a particular claim,	ly for each claim. For each claim listed	he creditor who holds each claim. If a creditor has more that d, identify what type of claim it is. Do not list claims already inhave more than three nonpriority unsecured claims fill out the	cluded in Part 1. If more
				Total claim
4.1	Canopy MD	Last 4 digits of acc	count number	\$80.00
	Ionpriority Creditor's Name	William and a lat		
	'402 E. Riverside Blvd .oves Park, IL 61111	When was the deb	t incurred?	_
	lumber Street City State Zlp Code	As of the date you	file, the claim is: Check all that apply	
V	Who incurred the debt? Check one.		, , , , , , , , , , , , , , , , , , , ,	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
[Debtor 1 and Debtor 2 only	☐ Disputed		
_	At least one of the debtors and an	other Type of NONPRIOR	RITY unsecured claim:	
	☐ Check if this claim is for a com	Па		
d	lebt s the claim subject to offset?	<u> </u>	ng out of a separation agreement or divorce that you did not ims	
	No	<u>-</u>	n or profit-sharing plans, and other similar debts	
[☐Yes	Other. Specify	Medical bills	

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Debtor 1 Quin J. Hermann Case number (if know) 4.2 **Capital One Bank** Last 4 digits of account number \$5,000.00 Nonpriority Creditor's Name PO Box 790216 When was the debt incurred? Saint Louis, MO 63179-0216 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes 4.3 Citi Cards Payment Center Last 4 digits of account number Unknown Nonpriority Creditor's Name PO Box 78045 When was the debt incurred? Phoenix, AZ 85062 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Credit card purchases Other. Specify 4.4 FirstSource Advantage, LLC Last 4 digits of account number \$600.00 Nonpriority Creditor's Name **PO Box 628** When was the debt incurred? Buffalo, NY 14240-0628 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection ☐ Yes

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Debtor 1 Quin J. Hermann Case number (if know) 4.5 **Freeport Health Network** Last 4 digits of account number \$12,000.00 Nonpriority Creditor's Name **Central Business Office** When was the debt incurred? **PO Box 268** Freeport, IL 61032 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical expenses ☐ Yes 4.6 RMH - Pathologists LTD. Last 4 digits of account number \$60.00 Nonpriority Creditor's Name When was the debt incurred? C/O PBO, Inc. PO Box 1565 Rockford, IL 61110-0065 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Medical expenses Other. Specify 4.7 **Rockford Health Physicians** Last 4 digits of account number \$550.00 Nonpriority Creditor's Name When was the debt incurred? Dept. CH 10862 Palatine, IL 60055-0862 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical expenses ☐ Yes

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Debtor 1 Quin J. Hermann Case number (if know) \$500.00 4.8 Sears Last 4 digits of account number Nonpriority Creditor's Name PO Box 182149 When was the debt incurred? Columbus, OH 43218-2149 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes 4.9 **Springleaf Financial Services** Last 4 digits of account number Unknown Nonpriority Creditor's Name PO Box 790368 When was the debt incurred? Saint Louis, MO 63179-0368 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Loan 4.1 The Monroe Clinic \$7,500.00 Last 4 digits of account number Nonpriority Creditor's Name 2009 5th Street When was the debt incurred? Monroe, WI 53566-1575 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical expenses ☐ Yes

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Case number (if know) Document Debtor 1 Quin J. Hermann

4.1	Wells Fargo Card Service	Last 4 digits of account nun	nber	\$1,200.00
')	Nonpriority Creditor's Name PO Box 6412	When was the debt incurred		·
	Carol Stream, IL 60197 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the c	laim is: Check all that apply	
	Debtor 1 only	Contingent		
	_ ,	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unse	ocured claim:	
	☐ At least one of the debtors and another	☐ Student loans	sureu ciami.	
	☐ Check if this claim is for a community debt		a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	a separation agreement of divorce that you did not	
	No	☐ Debts to pension or profit-	sharing plans, and other similar debts	
	Yes	Other. Specify Credit	card purchases	
is tr	this page only if you have others to be notified	about your bankruptcy, for a debt someone else, list the original credi nat you listed in Parts 1 or 2, list the	that you already listed in Parts 1 or 2. For examp itor in Parts 1 or 2, then list the collection agency additional creditors here. If you do not have add	here. Similarly, if you
	and Address	On which entry in Part 1 or Part 2 di	· ·	
	and Gaines P.C.	Line 4.2 of (Check one):	Part 1: Creditors with Priority Unsecured Clai	
	Glenn Avenue eling, IL 60090		Part 2: Creditors with Nonpriority Unsecured	Claims
*****	cinig, i2 00000	Last 4 digits of account number		
Capi	and Address ital One Bank Box 60024	On which entry in Part 1 or Part 2 di Line 4.2 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Clai	
_	Of Industry, CA 91716		■ Part 2: Creditors with Nonpriority Unsecured	Claims
-	•	Last 4 digits of account number		
Capi	and Address ital One Bank Box 6492	On which entry in Part 1 or Part 2 di Line 4.2 of (<i>Check one</i>):	d you list the original creditor? Part 1: Creditors with Priority Unsecured Clai Part 2: Creditors with Nonpriority Unsecured	
Caro	ol Stream, IL 60197-6492		— Talt 2. Ordators with Nonphority Oriscoured	Oldinio
		Last 4 digits of account number		
	and Address Bank	On which entry in Part 1 or Part 2 di		
_	Box 6077	Line 4.3 of (Check one):	Part 1: Creditors with Priority Unsecured Clai	
	x Falls, SD 57117	Last 4 digits of account number	■ Part 2: Creditors with Nonpriority Unsecured	Claims
	and Address lit Bureau Centre	On which entry in Part 1 or Part 2 di Line 4.10 of (Check one):	d you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Clai	
	10th Street	Line 4.10 of (Check one):	· ·	
	3ox 273		■ Part 2: Creditors with Nonpriority Unsecured	Claims
Mon	roe, WI 53566	Last 4 digits of account number		
	and Address litors Protection Service	On which entry in Part 1 or Part 2 di Line 4.7 of (Check one):	d you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Clai	me
	Box 4115	Ellio <u>111</u> of (official offic).	Part 2: Creditors with Nonpriority Unsecured	
Rock	kford, IL 61110	Last 4 digits of assount number	— Fart 2. Creditors with Nonphonity Onsecured	Ciaiilis
		Last 4 digits of account number		
	and Address	On which entry in Part 1 or Part 2 di		
	Christensen & Assoc. Box 519	Line 4.5 of (Check one):	Part 1: Creditors with Priority Unsecured Clai	
	sox 519 k Rapids, MN 56379-0519		Part 2: Creditors with Nonpriority Unsecured	Claims
Juur	Chaptao, mit oor o oo lo	Last 4 digits of account number		
Name	and Address	On which entry in Part 1 or Part 2 di	d you list the original creditor?	

Official Form 106 E/F

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Debtor 1 Quin J. Hermann		Case number (if know)
Nelson, Watson & Assoc PO BOX 1299	Line 4.2 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
Haverhill, MA 01831		Part 2: Creditors with Nonpriority Unsecured Claims
,	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did y	ou list the original creditor?
Rockford Health Physicians	Line 4.7 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
2300 N. Rockton Ave. Rockford, IL 61103		■ Part 2: Creditors with Nonpriority Unsecured Claims
Rockiola, IL 01103	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did y	you list the original creditor?
Sears	Line 4.8 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
PO Box 182149		■ Part 2: Creditors with Nonpriority Unsecured Claims
Phoenix, AZ 85062	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did y	rou list the original creditor?
Sears Credit Cards	Line 4.8 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
PO Box 6282		■ Part 2: Creditors with Nonpriority Unsecured Claims
Sioux Falls, SD 57117	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did y	you list the original creditor?
Springleaf Financial Services	Line 4.9 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
1888 S. West Ave Freeport, IL 61032		■ Part 2: Creditors with Nonpriority Unsecured Claims
Treeport, IL 01032	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did y	you list the original creditor?
The Monroe Clinic Hospital	Line 4.10 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims
515 22nd Avenue Monroe, WI 53566		■ Part 2: Creditors with Nonpriority Unsecured Claims
Monroe, 111 33300	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did y	ou list the original creditor?
Wells Fargo Financial	Line 4.11 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims
PO Box 660431 Dallas, TX 75266		Part 2: Creditors with Nonpriority Unsecured Claims
Janua, 17, 10200	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did y	ou list the original creditor?
Wells Fargo Financial Bank	Line 4.11 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims
PO Box 98751 Las Vegas, NV 89193-8751		Part 2: Creditors with Nonpriority Unsecured Claims
Lus Vogus, NV 03133 0731	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did y	you list the original creditor?
Wells Fargo Financial Bank	Line 4.11 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
MAC#N8235-040 West Des Meines IA 50266		■ Part 2: Creditors with Nonpriority Unsecured Claims
West Des Moines, IA 50266	Last 4 digits of account number	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim	
Total	6a.	Domestic support obligations	6a.	\$	0.00
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
	6f.	Student loans	6f.	Total Claim	

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Debtor 1 Quin J. Hermann

Total				 0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 27,490.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 27,490.00

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		Bodanik	7110 1 000 20 01 00	
Fill in this infor	rmation to identify your	case:		
Debtor 1	Quin J. Hermann	l		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(ii kilowii)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	h whom you have the c er, Street, City, State and ZIP Co	ontract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			_
	City		State	ZIP Code	
			·	·	

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		Docume	ent Page 29 d	of 58	
Fill in this in	nformation to identify your	case:			
Dobtor 1	0				
Debtor 1	Quin J. Hermann	Middle Name	Last Name		
Debtor 2	Thot Name	Widdle Hame	East Name		
(Spouse if, filing)) First Name	Middle Name	Last Name		
United State	s Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Casa numba	or.				
Case number (if known)				☐ Check if this is an	
				amended filing	
Official	Form 106H				
		a la tarra			
<u>Scneal</u>	ıle H: Your Cod	eptors		12/	15
•	and case number (if known ou have any codebtors? (If	• •		as a codebtor.	
•	• ,		•		
■ No					
☐ Yes					
	n the last 8 years, have you, California, Idaho, Louisiana			ry? (Community property states and territories include ington, and Wisconsin.)	
	So to line 3.				
☐ Yes.	Did your spouse, former spo	use, or legal equivalent live	e with you at the time?		
				if your spouse is filing with you. List the person sh sure you have listed the creditor on Schedule D (Of	
Form 10	06D), Schedule E/F (Officia			96G). Use Schedule D, Schedule E/F, or Schedule G	
out Col	umn 2.				
Co	olumn 1: Your codebtor			Column 2: The creditor to whom you owe the d	ebt
	ime, Number, Street, City, State and Z	IP Code		Check all schedules that apply:	
3.1				Schedule D, line	
Na	ame			☐ Schedule E/F, line	
				☐ Schedule G, line	
Nı	umber Street			_	
Ci		State	ZIP Code		
3.2	ame			☐ Schedule D, line	
INC	anno			☐ Schedule E/F, line	
				☐ Schedule G, line	
	umber Street			_	
Cir	ty	State	ZIP Code		

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	in this information to identify your captor 1 Quin J. Herr									
	otor 2									
	ted States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS							
(If kr	se number		-				ended filin lement sh	•	stpetition chapter ng date:	
	fficial Form 106l chedule I: Your Inc					MM / E	D/ YYYY	-		
Be a sup spo atta	as complete and accurate as possibly ing correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	sible. If two married peo are married and not fili r spouse is not filing w	ng jointly, and your sith you, do not include	spouse i de infori	is livi matio	ng with you, on about you	include ir spouse.	nformatio If more s _l	n about your pace is needed,	,
1.	Fill in your employment information.		Debtor 1			Deb	tor 2 or n	on-filing s	spouse	
	If you have more than one job,	Employment status	■ Employed		■ E	mployed				
	attach a separate page with information about additional	_mployment olulus	□ Not employed Maintenance Tech			□ 1	☐ Not employed			
	employers. Include part-time, seasonal, or	Occupation								_
	self-employed work.	Employer's name	Real Estate Opt	ions						
	Occupation may include student or homemaker, if it applies.	Employer's address	Freeport, IL 610	32						
		How long employed t	here? 15 year	s						
Par	t 2: Give Details About Mor	nthly Income								
	mate monthly income as of the dause unless you are separated.	ate you file this form. If	you have nothing to re	eport for	any li	ine, write \$0 i	the space	e. Include	your non-filing	
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	n for all e	emplo	yers for that p	erson on	the lines b	elow. If you need	t
						For Debtor 1		r Debtor 2 n-filing sp		
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	2,450	00 \$_		0.00	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0	<u>00 </u> +\$		0.00	

2,450.00

Calculate gross Income. Add line 2 + line 3.

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Debt	or 1	Quin J. Hermann		_	C	ase n	umber (if known)				
	0	willing 4 hours		4			Debtor 1		Debtor a-filing s	pouse	
	Cop	y line 4 here		4.		\$	2,450.00	. \$_		0.00	-
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Secur	-	5a		\$	350.00	\$_		0.00	_
	5b.	Mandatory contributions for reti	•	5b		\$	0.00	. \$_		0.00	_
	5c.	Voluntary contributions for retire	-	5c		\$	0.00	\$_		0.00	-
	5d.	Required repayments of retireme	ent fund loans	5d		\$	0.00	. \$ _		0.00	_
	5e. 5f.	Insurance Domestic support obligations		5e 5f.		\$	0.00			0.00	_
	5g.	Union dues		5g		\$	0.00	- °		0.00	-
	5h.	Other deductions. Specify:		5h	,	\$	0.00	+ \$-		0.00	-
6.	Add	I the payroll deductions. Add lines	5a+5b+5c+5d+5e+5f+5g+5h.	— 6.	;	\$	350.00	\$		0.00	-
7.		culate total monthly take-home pay	ŭ	7.	:	\$	2,100.00	\$		0.00	-
8.		all other income regularly received Net income from rental property profession, or farm Attach a statement for each proper receipts, ordinary and necessary b	d: and from operating a business, ty and business showing gross					· · —			-
		monthly net income.		8a		\$	0.00	. \$_		0.00	-
	8b. 8c.	Interest and dividends	ou, a non-filing spouse, or a dependent	8b).	\$	0.00	. \$_		0.00	_
	8d. 8e. 8f.	settlement, and property settlement Unemployment compensation Social Security Other government assistance the Include cash assistance and the variable of the settlement of th	at you regularly receive alue (if known) of any non-cash assistance nps (benefits under the Supplemental	8c 8d 8e	i.	\$ \$ \$	0.00 0.00 0.00	\$ \$ \$ \$		0.00 0.00 0.00	-
	8g.	Pension or retirement income		— 8g		\$ —	0.00	·		0.00	_
	8h.	Other monthly income. Specify:	Part time income from playing in band			\$	400.00	+ \$_		0.00	-
9.	Add	all other income. Add lines 8a+8b-	+8c+8d+8e+8f+8g+8h.	9.	\$		400.00	\$_		0.00)
10.		culate monthly income. Add line 7 - the entries in line 10 for Debtor 1 and		10.	\$_	2	,500.00 + \$		0.00	= \$	2,500.00
11.	Inclu othe	ude contributions from an unmarried per friends or relatives. not include any amounts already inclu	the expenses that you list in Schedule partner, members of your household, your ded in lines 2-10 or amounts that are not	depe					Schedule 11.		0.00
12.		e that amount on the Summary of Sc.	ine 10 to the amount in line 11. The reshedules and Statistical Summary of Certa						12.	\$	2,500.00
13.	Do y	you expect an increase or decrease No. Yes. Explain:	e within the year after you file this form	1?						Combir monthl	ned y income

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Fill	in this information to identif	your case:					
Deb	Quin J. H	ermann				ck if this is:	
	otor 2					An amended filing A supplement show 13 expenses as of	wing postpetition chapter the following date:
Unit	ted States Bankruptcy Court for	the: NORTI	HERN DISTRICT OF ILLIN	OIS		MM / DD / YYYY	
1	se number nown)						
	fficial Form 106						
	chedule J: You						12/15
info	as complete and accurate ormation. If more space is mber (if known). Answer e	needed, atta	ach another sheet to this				
Par 1.	Describe Your Ho Is this a joint case?	usehold					
	■ No. Go to line 2. □ Yes. Does Debtor 2 li	ve in a separ	rate household?				
	☐ No☐ Yes. Debtor 2	nust file Offic	ial Form 106J-2, <i>Expense</i> s	for Separate House	e <i>hold</i> of Deb	otor 2.	
2.	Do you have dependent	s? ■ No					
	Do not list Debtor 1 and Debtor 2.	☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the dependents names.						□ No □ Yes
	·						□ No
							☐ Yes ☐ No
							Yes
							□ No □ Yes
3.	Do your expenses inclu		l _{No}				— 100
	expenses of people other yourself and your deper		Yes				
Est exp	Estimate Your On- timate your expenses as of penses as of a date after the plicable date.	f your bankr	uptcy filing date unless y				
the	lude expenses paid for wi value of such assistance ficial Form 106l.)					Your exp	enses
4.	The rental or home own payments and any rent fo		nses for your residence. In or lot.	nclude first mortgag	e 4. :	\$	680.00
	If not included in line 4:						
	4a. Real estate taxes				4a.	\$	0.00
	4b. Property, homeowr				4b.		0.00
	4c. Home maintenance4d. Homeowner's asso				4c. 4d.	·	50.00 0.00
5.			our residence, such as ho	me equity loans	5.	·	0.00

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Debtor '	Quin J. Hermann	Case num	ber (if known)	
6. Ut i	ities:			
6. 6 1		6a.	\$	250.00
6b	•	6b.		50.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.		125.00
6d		6d.	·	100.00
	od and housekeeping supplies	— 7.	·	250.00
	ildcare and children's education costs		· 	
_		8.	\$ \$	0.00
	thing, laundry, and dry cleaning		·	50.00
	sonal care products and services	10.	·	0.00
	dical and dental expenses	11.	\$	50.00
	nsportation. Include gas, maintenance, bus or train fare.	12.	\$	200.00
	not include car payments.	13.	·	
	rertainment, clubs, recreation, newspapers, magazines, and books		·	125.00
	aritable contributions and religious donations	14.	\$	0.00
	urance.			
	not include insurance deducted from your pay or included in lines 4 or 20.	450	¢	0.00
	Life insurance	15a.		0.00
	. Health insurance	15b.	·	0.00
	. Vehicle insurance	15c.	· .	125.00
	I. Other insurance. Specify:	15d.	\$	0.00
	tes. Do not include taxes deducted from your pay or included in lines 4 or 20.		_	
	ecify:	16.	\$	0.00
	tallment or lease payments:		•	
	a. Car payments for Vehicle 1	17a.	*	400.00
	c. Car payments for Vehicle 2	17b.		0.00
	:. Other. Specify:	17c.	\$	0.00
17	I. Other. Specify:	17d.	\$	0.00
	ur payments of alimony, maintenance, and support that you did not report as		•	0.00
	lucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	· .	0.00
	er payments you make to support others who do not live with you.		\$	0.00
	ecify:	19.		
	ner real property expenses not included in lines 4 or 5 of this form or on <i>Sched</i>			
	Mortgages on other property	20a.	· -	0.00
20	o. Real estate taxes	20b.	\$	0.00
20	r. Property, homeowner's, or renter's insurance	20c.	\$	0.00
20	I. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	e. Homeowner's association or condominium dues	20e.	\$	0.00
1. O t	ner: Specify:	21.	+\$	0.00
		_ `		
	culate your monthly expenses			
	a. Add lines 4 through 21.		\$	2,455.00
22	o. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22	. Add line 22a and 22b. The result is your monthly expenses.		\$	2,455.00
	culate your monthly net income.		_	
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	·	2,500.00
23	c. Copy your monthly expenses from line 22c above.	23b.	-\$	2,455.00
				· · · · · · · · · · · · · · · · · · ·
23	Subtract your monthly expenses from your monthly income.	00.	· ·	45.00
	The result is your monthly net income.	23c.	\$	45.00
	you expect an increase or decrease in your expenses within the year after you			
	example, do you expect to finish paying for your car loan within the year or do you expect your r dification to the terms of your mortgage?	nortgage	payment to increas	se or decrease because of
_	, , ,			
	No.			
	Yes Explain here:			

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Fill in this info	ormation to identify your	case:			
Debtor 1	Quin J. Hermann				
Debior 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	NORTHERN DISTRIC	T OF ILLINOIS		
Case number					
(if known)					☐ Check if this is an amended filing
Declara If two married You must file tobtaining monyears, or both.	people are filing togethe	r, both are equally responding the specific bankruptcy schedule nonnection with a ban		rect information. Making a false statemer	12/15 nt, concealing property, or r imprisonment for up to 20
		one who is NOT an atto	rney to help you fill out b	ankruptcy forms?	
■ No					
☐ Yes.	. Name of person				tcy Petition Preparer's Notice, Il Signature (Official Form 119)
	nalty of perjury, I declare are true and correct.	that I have read the sun	nmary and schedules filed	d with this declaration ar	nd
	uin J. Hermann		X		
•	J. Hermann ture of Debtor 1		Signature of	Debtor 2	
Date	March 31, 2016		Date		

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Fill in this inform	nation to identify your	case:			
Debtor 1	Quin J. Hermann	Middle Name	Last Name		
D 1.40	First Name	Middle Name	20011101111		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	inkruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number (if known)				☐ Check if this is a amended filing	n
Official Form	n 106Dec tion About a	an Individual	Debtor's Sch	edules	12/15_
You must file thi obtaining mone years, or both. 1		file bankruptcy schedule in connection with a ban	onsible for supplying corrects s or amended schedules. M kruptcy case can result in f	laking a false statement, concealing propert fines up to \$250,000, or imprisonment for up	y, or to 20
Did you pa	ay or agree to pay som	eone who is NOT an atto	orney to help you fill out bar	nkruptcy forms?	
■ No				Attach Bankruptcy Petition Preparer's	Notice,
☐ Yes.	Name of person			Declaration, and Signature (Official Fo	rm 119)
that they a X <u>/s/ Qu</u> Quin	re true and correct.	te that I have read the sur	mmary and schedules filed X Signature of D		
Date	March 31, 2016		Date		

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		nation to identify you				
Del	otor 1	Quin J. Hermann	Middle Name	Last Name		
	otor 2 ouse if, filing)	First Name	Middle Name	Last Name		
Uni	ted States Ba	nkruptcy Court for the:	NORTHERN DISTRICT (OF ILLINOIS		
	se number _					Check if this is an mended filing
Sta Be a info	as complete a	of Financial and accurate as possione space is needed,	ble. If two married people a attach a separate sheet to		ankruptcy equally responsible for sup additional pages, write you	
	<u> </u>	n). Answer every ques Details About Your Ma	stion. Irital Status and Where You	ı Lived Before		
1.	What is you	r current marital statu	ıs?			
	□ Married■ Not mar	ried				
2.	During the la	ast 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. Lis	at all of the places you l	ived in the last 3 years. Do no	ot include where you live now	·.	
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3. state					ity property state or territory co, Texas, Washington and V	
	■ No □ Yes. Ma	ake sure you fill out <i>Scl</i>	nedule H: Your Codebtors (O	fficial Form 106H).		
Par	t 2 Explai	n the Sources of You	r Income			
4.	Fill in the tota	al amount of income yo	u received from all jobs and a	ng a business during this yeall businesses, including parter together, list it only once ur		ndar years?
	□ No ■ Yes. Fill	I in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	•	of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$5,200.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

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Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not

include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Amount you Creditor's Name and Address **Dates of payment** Was this payment for ... Total amount still owe paid

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Debtor 1 Quin J. Hermann Case number (if known) Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider Amount you **Insider's Name and Address** Dates of payment Total amount Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address **Total amount** Amount you Reason for this payment Dates of payment still owe Include creditor's name paid Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? 9 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Civil suit Capital One Bank V. Quin Hermann 15th Judicial Circuit Court Pending 15SC399 15 N. Galena Ave □ On appeal Freeport, IL 61032 □ Concluded Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. Yes. Fill in the information below. **Creditor Name and Address** Value of the **Describe the Property** Date property **Explain what happened** 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

☐ Yes

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Case number (if known) Document Debtor 1 Quin J. Hermann

Par	t 5: List Certain Gifts and Contributions			
13.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift.	tcy, did you give any gifts with a total value of more t	than \$600 per person	?
	Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:			
14.	No No	tcy, did you give any gifts or contributions with a tot	al value of more than	\$600 to any charity
	Yes. Fill in the details for each gift or con	tribution.		
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	al Describe what you contributed	Dates you contributed	Value
Par	t 6: List Certain Losses			
15.	or gambling?	cy or since you filed for bankruptcy, did you lose any	thing because of the	ft, fire, other disaster,
	Yes. Fill in the details.			
	how the loss occurred	escribe any insurance coverage for the loss clude the amount that insurance has paid. List pending surance claims on line 33 of <i>Schedule A/B: Property.</i>	Date of your loss	Value of property lost
Par	t 7: List Certain Payments or Transfers			
16.	consulted about seeking bankruptcy or pre	cy, did you or anyone else acting on your behalf pay eparing a bankruptcy petition? parers, or credit counseling agencies for services require	, , ,	erty to anyone you
	□ No			
	Yes. Fill in the details.			
	Person Who Was Paid	Description and value of any property	Date payment	Amount of
	Address Email or website address Person Who Made the Payment, if Not You	transferred	or transfer was made	payment
	Attorney Mark E. Zaleski	\$575.00 for attorney fees		\$604.00
	10 N. Galena Ave., #220	\$306.00 for court filing fees		
	Freeport, IL 61032	\$40.00 for credit counseling fees/debtor education fees		
17.		cy, did you or anyone else acting on your behalf pay ors or to make payments to your creditors? ou listed on line 16.	or transfer any prope	erty to anyone who
	■ No □ Yes. Fill in the details.			
	Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

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Debtor 1 Quin J. Hermann

18.	Within 2 years before you filed for bankrupt transferred in the ordinary course of your be include both outright transfers and transfers m include gifts and transfers that you have alread No	ousiness or financial affa ade as security (such as t	airs? the granting of a s				•	
	Yes. Fill in the details.							
	Person Who Received Transfer Address	Description and v property transfer		payme	ibe any property or ents received or debts n exchange	Date tran	sfer was	
	Person's relationship to you							
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro-		y property to a	self-settle	d trust or similar device	of which y	ou are a	
	No The second se							
	Yes. Fill in the details.	Yes. Fill in the details.						
	Name of trust	Description and v	alue of the prop	erty trans	sferred	Date Tra	nsfer was	
Par	t 8: List of Certain Financial Accounts, In	etrumonte Safo Donosi	t Boyes and Sta	rago Unit				
Гаг	List of Certain Financial Accounts, in	struments, sale Deposit	i boxes, and sic	nage Onic	3			
20.	Within 1 year before you filed for bankrupto sold, moved, or transferred?	cy, were any financial ac	counts or instru	ıments he	ld in your name, or for y	our benefit	, closed,	
	Include checking, savings, money market, houses, pension funds, cooperatives, asso				t; shares in banks, credi	t unions, b	rokerage	
	Yes. Fill in the details.							
	Name of Financial Institution and	Last 4 digits of	Type of accou	int or	Date account was	l ac	st balance	
	Address (Number, Street, City, State and ZIP Code)	account number	instrument		closed, sold, moved, or transferred		closing or transfer	
21.	Do you now have, or did you have within 1 cash, or other valuables?	year before you filed for	bankruptcy, an	y safe dep	oosit box or other depos	itory for se	curities,	
	■ No □ Yes. Fill in the details.							
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe	the contents	Do you have it		
22.	Have you stored property in a storage unit	or place other than your	home within 1	year befor	e you filed for bankrupt	су		
	No							
	Yes. Fill in the details.							
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe	the contents	Do you have it		
Dar	t 9: Identify Property You Hold or Control	I for Someone Fise						
23.			ude any propert	y you borr	rowed from, are storing	for, or hold	in trust	
	■ No							
	Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	the property		Value	
Par	t 10: Give Details About Environmental Inf	ormation						
	the purpose of Part 10, the following definiti							

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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Case number (if known)

Debtor 1 Quin J. Hermann

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Governmental unit Address (Number, Street, City, State and ZIP Code) Governmental unit Address (Number, Street, City, State and ZIP Code) Date of notice that the control of the control		hazardous material, pollutant, contaminant, or similar term.							
No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Case Title Case Number Case Number Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Nature of the case Status of the case Nature of the case Status of the case Status of the case Status of the case Status of the case Address Nature of the case Status of the case Status of the case Status of the case Status of the case Address (Number, Street, City, State and ZIP Code) An owner of a limited liability company (LLC) or limited liability partnership (LLP) An officer, director, or managing executive of a corporation An owner of at least 5% of the votting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Name of accountant or bookkeeper Name of accountant or bookkeeper Name of accountant or bookkeeper Do not include Social Security number or ITM Dates business existed Date Issued	Rep	ort a	Il notices, releases, and proceedings that	t you know about, regardless of when	1 the	ey occurred.			
Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of at limited liability company (LLC) or limited liability partnership (LLP) A nowner of at least 5% of the voting or equity securities of a corporation An owner of at least 5% of the voting or equity securities of a corporation An owner of at least 5% of the voting or equity securities of a corporation An owner of at least 5% of the voting or equity securities of a corporation An owner of at least 5% of the voting or equity securities of a corporation An owner of at least 5% of the voting or equity securities of a corporation An owner of at least 5% of the voting or equity securities of a corporation An owner of at least 5% of the voting or equity securities of a corporation An owner of at least 5% of the voting or equity securities of a corporation An owner of at least 5% of the voting or equity securities of a corporation An owner of at l	24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental unit notified you that you may be liable or potentially liable under or in violation of an environmental unit notified you that you may be liable or potentially liable under or in violation of an environmental unit notified you that you may be liable or potentially liable under or in violation of an environmental unit notified you that you may be liable or potentially liable under or in violation of an environmental unit notified you that you may be liable or potentially liable under or in violation of an environmental unit notified you that you may be liable or potentially liable under or in violation of an environmental unit notified you that you may be liable or potentially liable under or in violation of an environmental unit notified you that you may be liable or potentially liable under or in violation of an environmental unit notified you have a supplication of the potential under or in violation or in violation of the potential under or in violation or in			ental law?					
Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No									
No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Case Title Case Number Case Nu				Address (Number, Street, City, State and	d		Date of notice		
Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Name No Yes. Fill in the details. Case Title Case Number Address (Number, Street, City, State and ZIP Code) Nature of the case Status of the case Status of the case Status of the case Number State and ZIP Code) State and ZIP Code	25. Have you notified any governmental unit of any release of hazardous material?								
Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Case Title Case Number Court or agency Name Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Nature of the case Status of the case Statu									
No				Address (Number, Street, City, State and	d		Date of notice		
Yes. Fill in the details. Case Title Case Number Court or agency Name Address (Number, Street, City, State and ZIP Code)	,				mental law? Include settlements	and orders.			
Case Number Name Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Business Name Address Name of accountant or bookkeeper Do not include Social Security number or ITIM Dates business existed No Yes. Fill in the details below. Date Issued Address Date Issued			***						
27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Business Name				Name Address (Number, Street, City,	Nat	ture of the case	Status of the case		
□ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time □ A member of a limited liability company (LLC) or limited liability partnership (LLP) □ A partner in a partnership □ An officer, director, or managing executive of a corporation □ An owner of at least 5% of the voting or equity securities of a corporation ■ No. None of the above applies. Go to Part 12. □ Yes. Check all that apply above and fill in the details below for each business. Business Name Address Describe the nature of the business Name Address Name of accountant or bookkeeper Employer Identification number Do not include Social Security number or ITIN Dates business existed 28. Within 2 years before you filled for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. ■ No Yes. Fill in the details below. Name Address Date Issued	Par	111:	Give Details About Your Business or 0	Connections to Any Business					
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation ☐ No. None of the above applies. Go to Part 12. ☐ Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Employer Identification number Do not include Social Security number or ITIN Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name Address Date Issued	27.	Wit	nin 4 years before you filed for bankrupto	cy, did you own a business or have ar	y of	the following connections to any	/ business?		
□ A partner in a partnership □ An officer, director, or managing executive of a corporation □ An owner of at least 5% of the voting or equity securities of a corporation ■ No. None of the above applies. Go to Part 12. □ Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Dates business? Include all financial institutions, creditors, or other parties. No □ Yes. Fill in the details below. Name Address Date Issued Date Issued Dates Date Issued Dates Dates			☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time						
□ An officer, director, or managing executive of a corporation □ An owner of at least 5% of the voting or equity securities of a corporation ■ No. None of the above applies. Go to Part 12. □ Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Describe the nature of the business Name of accountant or bookkeeper Name of accountant or bookkeeper Name of accountant or bookkeeper Employer Identification number Do not include Social Security number or ITIN Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No □ Yes. Fill in the details below. Name Address Date Issued			☐ A member of a limited liability comp	any (LLC) or limited liability partnersh	ip (L	LP)			
□ An owner of at least 5% of the voting or equity securities of a corporation ■ No. None of the above applies. Go to Part 12. □ Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Describe the nature of the business Name of accountant or bookkeeper Name of accountant or bookkeeper Do not include Social Security number or ITIN Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financia institutions, creditors, or other parties. ■ No □ Yes. Fill in the details below. Name Address Date Issued			☐ A partner in a partnership						
No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Name of accountant or bookkeeper Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Date Issued Address			☐ An officer, director, or managing exe	ecutive of a corporation					
Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Date Issued Date Issued			☐ An owner of at least 5% of the voting or equity securities of a corporation						
Business Name Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Name of accountant or bookkeeper Do not include Social Security number or ITIN Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name Address Date Issued			No. None of the above applies. Go to Part 12.						
Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name Address Do not include Social Security number or ITIN Dates business existed Date Issued			Yes. Check all that apply above and fill	in the details below for each business	S .				
Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name Address Date Issued				Describe the nature of the business					
28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. ■ No □ Yes. Fill in the details below. Name Address		(Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper							
☐ Yes. Fill in the details below. Name Address Date Issued	28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Incl			ude all financial					
Address									
		Ad	me dress	Date Issued					

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 6

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Case number (if known) Document

Debtor 1 Quin J. Hermann

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Quin J. Hermann Quin J. Hermann		
		Signature of Debtor 2
Signa	ture of Debtor 1	
Date March 31, 2016		Date
Did yo □ No	u attach additional բ	pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
■ Yes		
Did yo	u pay or agree to pa	y someone who is not an attorney to help you fill out bankruptcy forms?
■ No		
☐ Yes	. Name of Person	. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this informa	tion to identify you	r case:			
Debtor 1	Quin J. Hermani	<u> </u>			
L.	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankr	uptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number					
(if known)				, –	eck if this is an ended filing
Official Forn	n 107				
Statement o	f Financial <i>i</i>	Affairs for Indiv	iduals Filing for Ba	nkruptcy	12/15
are true and correct with a bankruptcy c 18 U.S.C. §§ 152, 13 /s/ Quin J. Herma Quin J. Hermann Signature of Debto	vers on this Statem. I understand that ase can result in fir 41, 1519, and 3571.	making a false statement nes up to \$250,000, or im	nd any attachments, and I decl t, concealing property, or obtai prisonment for up to 20 years, ture of Debtor 2	ning money or property by fi	that the answers raud in connection
Date March 31,	2016	Date			
Did you attach addit ■ No □ Yes	ional pages to <i>You</i>	r Statement of Financial .	Affairs for Individuals Filing for	r Bankruptcy (Official Form 1	107)?
Did you pay or agree ■ No	to pay someone v	who is not an attorney to	help you fill out bankruptcy for	ms?	
No □ Yes. Name of Person	son . Attach th	ne Bankruotov Petition Prei	parer's Notice. Declaration, and S	Signature (Official Form 119)	

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Fill in this infor	mation to identify your	case:		
Debtor 1	Quin J. Hermann			
Dahtar 0	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	_
United States Ba	ankruptcy Court for the:	NORTHERN DIS	TRICT OF ILLINOIS	
Case number				
(if known)				☐ Check if this is an amended filing
Official Fo		n for Indiv	riduals Filing Under Ch	apter 7 12/15
	lividual filing under chap re claims secured by you	. •	I out this form if:	
you have least	sed personal property a is form with the court w ever is earlier, unless th	nd the lease has n ithin 30 days after	ot expired. you file your bankruptcy petition or by the e time for cause. You must also send copic	
	eople are filing together nd date the form.	in a joint case, bo	th are equally responsible for supplying co	rrect information. Both debtors must
	and accurate as possib		s needed, attach a separate sheet to this fo	rm. On the top of any additional pages,
Part 1: List Y	our Creditors Who Have	Secured Claims		
			Craditara Wha Have Claims Secured by F	January (Official Form 100D) fill in the
information b	elow.		: Creditors Who Have Claims Secured by F	
Identify the cr	reditor and the property the	nat is collateral	What do you intend to do with the prope secures a debt?	rty that Did you claim the property as exempt on Schedule C?
Creditor's	Beneficial Finance		☐ Surrender the property.	□ No
name:			Retain the property and redeem it.	<u>_</u>
Description of	f 221 North West Av	e Freenort II	■ Retain the property and enter into a	■ Yes
property	61032 Stephensor		Reaffirmation Agreement. Retain the property and [explain]:	
securing debt	:		— rotall the property and texpanily.	
Port 2: List V	Your Unavaised Persons	Property Leader		
	our Unexpired Personal ed personal property lea		in Schedule G: Executory Contracts and U	nexpired Leases (Official Form 106G), fill
			expired leases are leases that are still in ef the trustee does not assume it. 11 U.S.C. §	
Describe your u	unexpired personal prop	erty leases		Will the lease be assumed?
Lessor's name:				□ No
Description of le Property:	ased			☐ Yes
Lessor's name:				
Description of le	ased			□ No
Property:				☐ Yes
Lessor's name:				
Official Form 108	}	Statement of Ir	tention for Individuals Filing Under Chapte	r 7 page 1

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Debtor 1 Quin J. Hermann	Case number (if known)
Description of leased Property:	□ No □ Yes
Lessor's name: Description of leased Property:	□ No □ Yes
Lessor's name: Description of leased Property:	□ No □ Yes
Lessor's name: Description of leased Property:	□ No □ Yes
Lessor's name: Description of leased Property:	□ No □ Yes

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Debi	tor 1 Quin J. Hermann	Case number (if known)
Part	3: Sign Below	
ıaıı	o. Oigh Delow	
Unde		e indicated my intention about any property of my estate that secures a debt and any personal se.
Unde prop	er penalty of perjury, I declare	
Unde prop	er penalty of perjury, I declare erty that is subject to an unex	se.
Unde prop	er penalty of perjury, I declare erty that is subject to an unex /s/ Quin J. Hermann	xX

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Debi	tor 1	Quin J. Hermann		Case number (# known)	
Part	3: S	ign Below			
Unde prope	r penal erty tha	Ity of perjury, I declare that is subject to an unexpi	nat I have indicated my intention about any ired lease.	property of my estate that secures a debt and any per	sonal
-	Quin .	in J. Hermann J. Hermann ure of Debtor 1	un Hernon x Sign	ature of Debtor 2	
	Date	March 31, 2016	Date		

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-80800 Doc 1 Filed 04/01/16 Entered 04/01/16 14:27:36 Desc Main Document Page 52 of 58

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

In r	e	Quin J. Herma	ann				Case No.		
	-					Debtor(s)	Chapter	7	
		DIS	CLO	OSURE OF COM	IPENSATI(ON OF ATTO	RNEY FOR D	EBTOR(S)	
1.	con	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:							
		For legal service	es, I h	ave agreed to accept			\$	575.00	
		Prior to the filin	ng of tl	his statement I have rece	eived		\$	575.00	
		Balance Due					s	0.00	
2.	The	e source of the co	mpens	sation paid to me was:					
		Debtor		Other (specify):					
3.	The	e source of compe	ensatio	on to be paid to me is:					
		Debtor		Other (specify):					
4.	■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.								
				the above-disclosed com, together with a list of the				rs or associates of my law firm. A tached.	A
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:								
	b. c.	Preparation and f	iling of the d	of any petition, schedules bettor at the meeting of c	s, statement of a	fairs and plan which	n may be required;	o file a petition in bankruptcy; earings thereof;	
6.	Ву	Negotiation reaffirmat 522(f)(2)(A	ons wion a lon a la) for	greements and appli	s to reduce to ications as ne on household (market value; ex eded; preparatior goods; Represen	emption planning and filing of mo tation of the debt	g; preparation and filing of tions pursuant to 11 USC ors in any dischargeability oceeding.	
					CERTI	FICATION			
this		ertify that the fore kruptcy proceeding		is a complete statement	of any agreemen	nt or arrangement for	r payment to me for	representation of the debtor(s) in	
	VI ar	ch 31, 2016				/s/ Mark E. Zales	ki		
_	Date	•				Mark E. Zaleski			
						Signature of Attorna Attorney Mark E.			
						10 N. Galena Ave	e., #220		
				Freeport, IL 6103					
					815-233-0995 Fax: 815-232-3227 attyzaleski@comcast.net				
					-	Name of law firm			

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	BANKRUPTCY (CASE ATTORNEY/CLIE	NT AGREEMENT	
l) Client Name:	^			
2) Attorney Fee: Client will pay fee and the cost of the required client's financial situation and reb) preparation and filing of orimeeting of creditors in Rockfodocuments upon the receipt of under any circumstances. An ex	l credit counseling be endering advice in det ginal petition, sched rd or Sterling. Atto a \$200.00 payment to	oriefing). This fee covers to termining whether to file a lules and statement of fin orney will begin working oward the total advance p	he following attorney services petition in bankruptcy and unancial affairs; c) representation Client's case and preparionyment retainer. The \$200.0	s: a) analysis of the nder which chapter; on of client at first ng the appropriate

The above fee does not include the following services: a) representation of client in any dischargeability action, lien avoidance action, relief from stay action or any adversary proceeding; b) negotiations with secured creditors such as mortgage or auto lenders; c) representation at creditor's meeting continued due to client's failure to appear at first meeting; d) preparation of amended documents caused by client's failure to provide accurate information; e) preparing/processing reaffirmation agreements. THIS INCLUDES ADDING ADDITIONAL CREDITORS AFTER CASE IS FILED. YOU WILL BE CHARGED EXTRA ANY TIME YOU CALL THE ATTORNEY AND REQUEST HE PERFORM A SPECIFIC TASK i.e. call your mortgage company, send a fax to a creditor, etc. Such additional work, if requested by client, is performed at the rate of \$25 0.00 per hour. If client's mortgage or vehicle lender forwards a reaffirmation agreement to attorney for processing, client will be charged a fee of \$100.00 per agreement. I agree that the attorney will not prepare or work on any reaffirmation agreement unless this fee is paid.

- 3) Until the above attorney fee and filing fee have been paid in full, and Attorney has received all information from Client, and Client has signed the appropriate documents, the bankruptcy petition will not be filed with the court. The Client is not provided protection by the bankruptcy code until the petition is filed with the court.
- 4) Client has received the Statement of Information required by 11 U.S.C. Section 341, Disclosures Pursuant to 11 U.S.C. Sec. 527 and Sec. 342 and has discussed all of the information contained in said documents with Attorney. Client and attorney have discussed the requirements of pre-bankruptcy counseling and pre-discharge debt management classes and Client understands that it is Client's responsibility to comply with and pay for said requirements. Client also understands that Attorney can obtain a credit report for Client for an additional \$40.00 fee.
- 5) Client accepts the responsibility for determining time periods, providing Attorney with proper information and accepts that risk that a debt will not be discharged and the risk of creditor action before the bankruptcy petition is filed.
- 6) Client agrees to list ALL DEBTS, ASSETS, INCOME, and EXPENSES and to tell the truth. Client is responsible for providing correct addresses for creditors.
- 7) Client agrees that Attorney will cease working for Client and close client's case if Client does not pay Attorney, fails to return documents or provide information. Attorney will refund any unearned fees to client at the rate of \$250.00 per hour.
- 8) Client understands that Attorney makes no representations, warranties, or guarantees concerning the outcome of this case. Client understands that statements of Attorney are statements of opinion only.

CLIEN

TIORNEY

WE MUST HAVE THE PAST 60 DAYS OF ALL PAY STUBS AND PAST 2 YEARS OF TAX RETURNS PRIOR TO FILING YOUR BANKRUPTCY CASE. IF WE DO NOT HAVE THESE DOCUMENTS, YOUR CASE WILL NOT BE FILED!

United States Bankruptcy CourtNorthern District of Illinois

		- 10- 1-1		
In re	Quin J. Hermann		Case No.	
		Debtor(s)	Chapter 7	
	VE	CRIFICATION OF CREDITOR M	MATRIX	
		Number of	f Creditors:	28
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of credi	tors is true and correct to t	he best of my
Date:	March 31, 2016	/s/ Quin J. Hermann Quin J. Hermann Signature of Debtor		

United States Bankruptcy Court Northern District of Illinois

In re Quin J. Hermann	Northern District of Illinois		
		Case No. Chapter	7
V	ERIFICATION		

VERIFICATION OF CREDITOR MATRIX

	Number of Creditors:		
		0	
named Debtar()			

ain Herroum

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my

Date: March 31, 2016

Quin J. Hermann Signature of Debtor Beneficial Finance PO Box 4153 Carol Stream, IL 60197

Blitt and Gaines P.C. 661 Glenn Avenue Wheeling, IL 60090

Canopy MD 7402 E. Riverside Blvd Loves Park, IL 61111

Capital One Bank PO Box 790216 Saint Louis, MO 63179-0216

Capital One Bank PO Box 60024 City Of Industry, CA 91716

Capital One Bank PO Box 6492 Carol Stream, IL 60197-6492

Citi Bank PO Box 6077 Sioux Falls, SD 57117

Citi Cards Payment Center PO Box 78045 Phoenix, AZ 85062

Credit Bureau Centre 1804 10th Street PO Box 273 Monroe, WI 53566

Creditors Protection Service PO Box 4115 Rockford, IL 61110

FirstSource Advantage, LLC PO Box 628 Buffalo, NY 14240-0628

Freeport Health Network Central Business Office PO Box 268 Freeport, IL 61032

J.C. Christensen & Assoc. PO Box 519 Sauk Rapids, MN 56379-0519

Nelson, Watson & Assoc PO BOX 1299 Haverhill, MA 01831

RMH - Pathologists LTD. C/O PBO, Inc. PO Box 1565 Rockford, IL 61110-0065

Rockford Health Physicians Dept. CH 10862 Palatine, IL 60055-0862

Rockford Health Physicians 2300 N. Rockton Ave. Rockford, IL 61103

Sears PO Box 182149 Columbus, OH 43218-2149

Sears PO Box 182149 Phoenix, AZ 85062

Sears Credit Cards PO Box 6282 Sioux Falls, SD 57117

Springleaf Financial Services PO Box 790368 Saint Louis, MO 63179-0368

Springleaf Financial Services 1888 S. West Ave Freeport, IL 61032 The Monroe Clinic 2009 5th Street Monroe, WI 53566-1575

The Monroe Clinic Hospital 515 22nd Avenue Monroe, WI 53566

Wells Fargo Card Service PO Box 6412 Carol Stream, IL 60197

Wells Fargo Financial PO Box 660431 Dallas, TX 75266

Wells Fargo Financial Bank PO Box 98751 Las Vegas, NV 89193-8751

Wells Fargo Financial Bank MAC#N8235-040 West Des Moines, IA 50266